Second Quarter 2012

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists
Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

Cabinet Secretary, Audrey Haynes, Discusses Diabetes

Newly appointed, April 16, 2012, Kentucky Secretary of the Cabinet for Health and Family Services (CHFS), Audrey Haynes, comments regarding diabetes in Kentucky. CHFS is home to most of the state's human services and health care programs including Medicaid, the Department for Community Based Services and the Department for Public Health. CHFS is one of the largest agencies in state government, with nearly 8,000 full and part time employees.

Audrey Haynes
CHFS Secretary

Diabetes remains one of the major public health concerns in Kentucky, with an estimated half a million Kentuckians with diabetes (diagnosed and undiagnosed) and over 1 million with prediabetes.

With over half of our Kentucky counties designated in the "diabetes belt" and about 1 in 5 of our hospitalizations related to diabetes and its complications, it becomes critical that we work together to impact this epidemic costing our state an estimated $4.8 billion annually.

We know that people in KY are developing diabetes much earlier in life, putting them at risk for costly and devastating complications such as kidney failure, heart attack, stroke or blindness – so it is important to work on prevention and control efforts among individuals with and at risk for diabetes.

Lowering the rate of diabetes as well as reducing other health risks associated with the disease requires knowledge and public education. This means we must focus on prevention.

As Cabinet Secretary, I have great concern and am focused on the need for continued support for programs that target the state's diabetes problem.

Already many of our children are at risk for chronic diseases such as type 2 diabetes and heart disease. Yet we struggle to get people to take an active interest in their health and start reversing these life-threatening trends.

I believe that it is possible to achieve optimal health and wellness while reducing – or even eliminating – degenerative disease. By emphasizing awareness and achieving prevention of chronic diseases, like diabetes, we can build a healthier population and a brighter future for Kentucky.

Personal message from the Secretary on page 2

If you would like to be added to the mailing list to receive this magazine, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

Personal Message from Cabinet Secretary Haynes

Personal message from CHFS Secretary Audrey Haynes:

April 16 finally arrived and I am excited to serve you as your CHFS Secretary.

In the month since Governor Beshear announced my appointment, I have been very busy wrapping up my duties with the YMCA of the USA in Washington, D.C. But now I am on site and very excited to be back in Kentucky full time.

As I look forward to many opportunities to get out and learn more about all that you do, I'd like to tell you a little bit about me.

I am a social worker by education and training. I graduated from Spalding University in Louisville and the University of Kentucky, where I earned bachelors and masters degrees in social work.

Most recently, I served as the Senior Vice President and Chief Government Affairs Officer for the YMCA of the USA in Washington, D.C., a position I assumed in August 2002.

I served in the Clinton/Gore Administration as Deputy Assistant to the President of the United States and Director of the White House Office for Women's Initiatives and Outreach, as well as served as Special Assistant to Vice President Gore and Chief of Staff to Tipper Gore.

Before moving to D.C. in 1993, I worked in the field of mental health and substance abuse rehabilitation, serving as an alcohol and drug abuse counselor and later as a community education specialist. I have also worked for three previous Kentucky governors, including a prior appointment under Governor Paul Patton as Deputy Secretary of the Cabinet for Health Services.

It is truly an honor to be working in Kentucky. I truly feel that I am now returning to my roots of social work and mental health services and I'm pleased to be a part of a Cabinet that provides such critical services to Kentuckians.

Thank you for all that you do for Kentuckians living with diabetes.

Be Well,
Secretary Audrey Haynes

Kentucky Diabetes Licensure Law Update

Kentucky is the first and currently remains the only state in the nation to pass a diabetes educator licensure law KRS 309.325 to 309.399 (initially Senate Bill SB 71 which became law in the spring of 2011). As part of this law, a diabetes educator licensure board was appointed by Governor Steve Beshear in the fall of 2011. Individuals serving on the Board include:

- **Mehdi Poorkay, representing licensed medical physicians**
- **Kim Coy DeCoste, representing registered nurses**
- **Carrie L. Issacs, representing pharmacists**
- **Carolyn L. Dennis, representing licensed dietitians / certified nutritionists**
- **Lawrence T. Smith, representing citizens at large**

The KY Board of Licensed Diabetes Educators was assigned to the Public Protection Cabinet, Office of Occupations and Professions. Board Counsel from the Attorney General's office is Angela Evans.

The KY Board of Licensed Diabetes Educators official web address is:

BDE.KY.GOV

The KY Board of Licensed Diabetes Educators official mailing address / phone contacts are:

Kentucky Board of Licensed Diabetes Educators
911 Leawood Drive
Frankfort, KY 40601
Phone 502-564-3296, ext. 226
Fax 502-696-3833
julieg.jackson@ky.gov

According to the official Kentucky Board of Licensed Diabetes Educators website:

The purpose of the Kentucky Board of Licensed Diabetes Educators is to administer and enforce the statutory authority and to monitor the needs of the consuming public. The board licenses all eligible

KENTUCKY DIABETES LICENSURE LAW UPDATE (CONTINUED)

candidates for entry into the profession of diabetes education. It recommends appropriate changes in the law to assure fairness and equality. The board conducts formal hearings when necessary and prosecutes by due process any violators of KRS 309.

The board is a self-supporting agency and receives no General Fund tax appropriation. It is funded entirely through fees assessed for licensing its professionals.

Please note: Any correspondence received in the Board Office or on the Kentucky Board of Licensed Diabetes Educators website becomes public information and will be shared with all Board Members.

According to information on the website, the Board is meeting monthly for approximately 4-5 hours (meeting dates conducted or planned include: January 24, 2012; February 22, 2012; March 21, 2012; April 18, 2012; May 30, 2012; June 19, 2012; July 17, 2012; August 21, 2012; September 25, 2012; October 16, 2012; November 20, 2012; and December 18, 2012).

According to Board minutes posted on the website:

- **Kim DeCoste was voted Board Chair.**
- **Carrie Isaacs was voted Board Secretary.**
- **The website allows the public to review the minutes (once they are approved). Thus far the site has minutes posted from January through April.**
- **Comments for the Board to review may be posted on the website by clicking on "about us" (along the top of the website in a gold box) then from the drop down menu select "leave a comment or suggestion".**

- **Senate Bill 198, which was an amendment to the original diabetes educator licensure law moved quickly through the legislature and passed in March, 2012. Note:** The amended version of the diabetes educator licensure law (KRS 309.325 to 309.399) protects the "*title and practice"* of the Diabetes Educator. According to Board minutes while a title act is sufficient for many professions, it was apparently the intent of supporters of SB 198 to not just limit the individuals who could use the title "Diabetes Educator" but protect the "practice" of diabetes education itself and ensure that those who provide diabetes education meet minimum education requirements. In addition, the original law KRS 309.331 stated that the Attorney General, Commonwealth's attorneys and county attorneys shall assist in prosecuting violations of the Diabetes Educator laws. However, in the original law, there were no penalties attached to violating KRS 309. The omission of penalties seemed to be an oversight and the passage of the amended law now includes a "penalties section".

As of 6-14-12 an unofficial copy of the licensure law may be found at:

http://www.lrc.ky.gov/record/11RS/SB71/bill.doc

As a diabetes educator, you may want to review the website, the law, and let your comments be known to the Licensure Board.

The Kentucky Board of Licensed Diabetes Educators is housed within the Public Protection Cabinet, Office of Occupations and Professions. The Board website is pictured on the left

BDE.KY.GOV

Dr. Pohl's Column
GoodBye Kentucky

Stephen L. Pohl, MD
slpohl123@gmail.com

Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA and AACE member

This will be my final contribution to the Kentucky Diabetes Connection. As noted in my last article, I believe that five years after retirement is high time to stop writing articles that require some proximity to clinical practice. Coincidently, my wife and I decided to move to Asheville, NC, later this year. I would like to use this opportunity to share some observations and opinions about the current status and future of diabetes in Kentucky. I also want to express my gratitude for twenty five great years living and practicing medicine in Kentucky.

Last year, I had the pleasure of collaborating with Teri Wood on a paper for the Journal of the Kentucky Medical Association. Teri is an epidemiologist at the Kentucky Department of Public Health and an excellent source for facts and figures about diabetes. The title of our paper is ***"Kentucky's Diabetes Epidemic: Challenges for the Kentucky Health Care System."*** Although the data in our paper are a year older, the conclusions are unchanged and form the basis of what I have to say in this article. Rather than go into the numbers in detail, I am going to present a few ideas that came to mind in the course of writing the paper. Teri publishes a document from time to time variously called the Impact Statement or Burden Document that summarizes all of the data about diabetes in Kentucky. She also called my attention to the Institute for Alternative Futures web site, http://www.altfutures.com/diabetes2025/. This remarkable resource presents diabetes statistics state by state for the entire country both current and projected to 2015 and 2025. I suggest these sources for anyone who wants to study the data.

My first reaction when we started looking at diabetes statistics was a sense of déjà vu. I realized that the numbers are very similar to those I saw twenty years ago in articles about what diabetes would look like in twenty years if nothing were done. I was also reminded of the 1975 conclusion of the National Diabetes Commission that much of the suffering and cost associated with diabetes could be prevented through conscientious application of what we already know about diabetes. The past few decades have seen fundamental changes in our understanding and approaches to treatment of diabetes, billions of dollars spent on research, and a huge expansion in the number of drugs available for the treatment of diabetes. Nevertheless, the diabetes epidemic continues to run its course.

Approximately 10% of the citizens of Kentucky have diagnosed diabetes, a number that tripled in fifteen years.

During this time period the national prevalence doubled. Thus, both the prevalence and *the rate of increase in prevalence* are higher in Kentucky than in the nation as a whole. In other words, the gap is going to widen. Kentucky, long a leader in diabetes suffering, is going to get hit even harder.

The prevalence numbers have lots of food for thought. For example, the age of onset of type 2 diabetes is decreasing significantly. This means there is longer life expectancy at the time of diagnosis and more time to develop diabetes complications. It is also important to remember that there is a lag of years to decades between the time of diagnosis and development of complications. Since the diabetes epidemic is about 20 years old, the wave of complications resulting from the diabetes epidemic is only now beginning. The Institute for Alternative Futures estimates that the number of Kentucky citizens with visual impairment due to diabetes was 35,000 in 2000, rose to 60,000 in 2010, and will be 90,000 in 2025. Fifteen years from now, 2% of our fellow Kentuckians will have reduced vision or blindness from diabetes.

Diabetes prevalence data show strong associations with age, race, and obesity. One association really sticks out for me – poverty – another area of dubious distinction for Kentucky. In fact, I foresee a vicious cycle: The economic impact of diabetes in Kentucky has grown to the point that it is probably contributing to burgeoning poverty in the state.

More poverty means more diabetes and, in turn, more poverty.

The prevalence of diabetes is high in eastern Kentucky, part of the notorious "diabetes belt". Over the years, I

DR. POHL'S COLUMN (CONTINUED)

have noticed a tendency to blame eastern Kentucky for the generally terrible socioeconomic statistics the state produces, an attitude that Kentucky would be OK if the people in Eastern Kentucky would just get their act together. In the case of diabetes, this attitude is not justified for two reasons: First, 68, i.e. more than 50%, of Kentucky's 120 counties are in the diabetes belt. Second, the prevalence of diabetes in every county in Kentucky is higher than the national average. Eastern Kentucky is simply on the cutting edge of a statewide diabetes epidemic.

The economic costs of diabetes in Kentucky are in the billions of dollars per year and growing.

At least two-thirds of this cost is for medical care. Inspection of the details of these costs reveals some disappointing facts. For example, the total charges for hospitalization for diabetes as primary diagnosis are approximately one-half billion dollars per year. Over half of the hospitalizations were for diabetic ketoacidosis or hypoglycemia. We know enough about prevention and early detection of these conditions that hospitalization for ketoacidosis and hypoglycemia should be rare events. This is a stark example of the failure of our health care system and what that failure costs us.

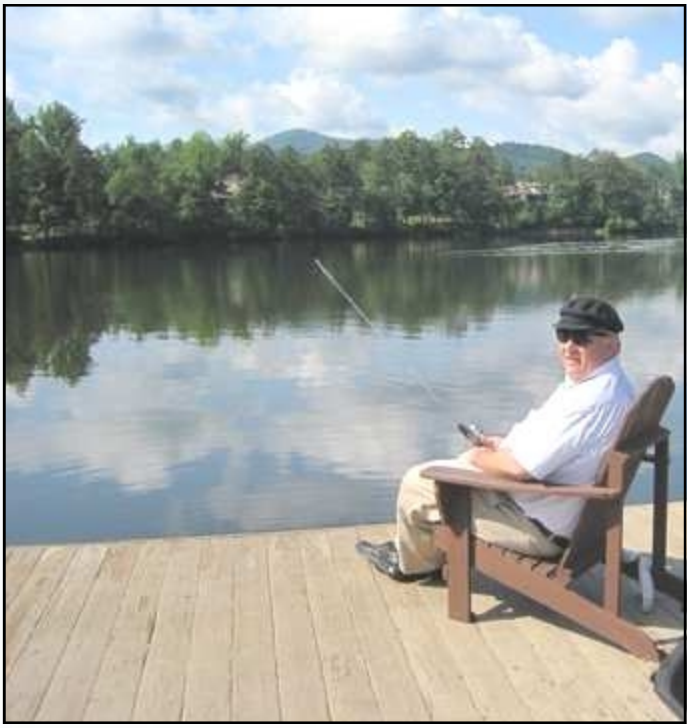
All of this gloom and doom is in sharp contrast to my experience living and practicing in Kentucky. Over the twenty years that I was in practice here, I had the pleasure of working with many wonderful health care professionals. I also enjoyed working with many fine lay people in organizations like the American Diabetes Association. Best of all, however, were my patients. As my practice in Lexington evolved, it became populated mostly by people who were very highly motivated to learn about diabetes and live with it successfully. Every day I found pleasure in working with these patients and took great pride in how well they did. I also realized that I was seeing a highly selected group of patients who would find ways to succeed even without my help and that I was not seeing many of the people who are responsible for the awful statistics that Kentucky generates.

Living in Kentucky with its beauty, culture, history, and warm, friendly people has been a pleasure. I have had some amazing experiences like learning to fly and owning shares in race horses. I also enjoyed exploring the Cumberland Gap and the Wilderness Road and learning about the Western migration of the early Americans, subjects that have fascinated me since grade school. It is a tragedy that such a wonderful place can be in such a mess with our high prevalence of diabetes, obesity, heart disease, drug abuse, and poverty.

In an earlier article I described my experience in 1966 working with starving children in the Palestinian refugee camps in Jordan. I left that experience convinced that the solutions to the problems lay in politics and economics, not in medicine. I am leaving Kentucky convinced that the same situation exists here. Diabetes is simply lost in the morass of unaddressed or poorly addressed problems that Kentucky faces. If this doesn't change, the diabetes epidemic is going to continue to run its course unchecked. Diabetes prevention and treatment strategies work. The challenge is to guarantee that all citizens of Kentucky who have or are at risk for diabetes enjoy high quality diabetes care.

Thank you, Kentucky, for twenty five great years. My fifty years of trying to understand diabetes and figure out what to do about it are over.

I'm going fishing. - Dr. Pohl



Dr. Stephen Pohl, pictured above, fishing in the community where he will soon be living in North Carolina. The mountains in the distance are part of the Blue Ridge mountains of North Carolina.

TEACHING FAMILIES:
WHEN A CHILD WITH DIABETES GETS SICK

Submitted by Stephanie Jensen, RN, CDE, Diabetes Educator; Amy Deuser, Program Coordinator; Kupper A. Wintergerst, MD, Pediatric Endocrinologist, University of Louisville, Department of Pediatrics, Division of Endocrinology

Stephanie Jensen RN CDE

Amy Deuser Program Coordinator

Kupper Wintergerst MD, Endocrinologist

A sick child can be a challenge for any parent, but illness in a child with diabetes can be especially challenging. Not only will the child's health and underlying illness need careful attention, their diabetes must also be closely monitored. Illness can cause wide fluctuations in blood glucose levels, especially if the child is unable to eat or drink. Infection and fever may cause a sharp rise in blood glucose requiring extra insulin. In contrast, vomiting and diarrhea with loss of appetite can cause dangerously low blood glucose levels. Frequent monitoring of blood glucose and testing urine for ketones are the first steps of any sick day management plan.

Asking for help and knowing when to call the diabetes care team is an important part of the successful management of illness in a child with diabetes.

This article will discuss important guidelines that diabetes educators can utilize to teach their families how to manage diabetes and illness with confidence.

Health Monitoring:

- Since no one can be sure how illness will affect the blood glucose, it is important to test often. How often depends on the seriousness of the illness and a person's comfort level. As a general rule, test blood glucose at least every 2-3 hours (every 2 hours if there is vomiting or a child cannot eat).

- Test urine for ketones at the first sign of any illness regardless of the blood glucose level**.** Ketones are an indication that the child's body either does not have enough glucose (such as with hypoglycemia) or, in the case of hyperglycemia, that it cannot use the glucose because more insulin is needed. Also remember, the stress of illness and inability to eat can cause ketone formation even if the blood glucose is within the target range. Without additional insulin, the ketones will build up and can lead to diabetic ketoacidosis (DKA), a life threatening condition.

- Check the child's temperature every 4-6 hours; a fever is a temperature over 101 degrees. Acetaminophen or Ibuprofen can be used to treat a fever. Tip: Sugar-free medications are best, but it is okay to use liquid preparations that contain sugar. Just remember that this might make the blood sugar go up and to treat accordingly.

- Record blood glucose levels, ketone results, and insulin given to keep track of when extra insulin for ketones or high blood glucose is administered. This will also need to be reported to the diabetes care team, if they have to be called.

Refueling the Body (Insulin and Carbs):

- Some insulin is ALWAYS needed. Skipping insulin doses when a child is ill could lead to diabetic ketoacidosis (DKA) and possibly a trip to the hospital. Although insulin doses may need to be adjusted during illness, families need to be advised to never completely stop giving a child with diabetes their insulin, even if they are not eating.

- When blood glucose levels are **ABOVE 200 mg/dl and ketones are positive,** this is usually an indication that more insulin is needed. If adjustment guidelines have not been given to the

family, tell them to call the child's diabetes care team. They may want to specifically ask their diabetes provider for sick day guidelines and find out "who" to call during sick days.

- When blood glucose levels are **BELOW 200 mg/dl and ketones are positive**, this is usually an indication that the child with diabetes needs more insulin **but more carbohydrates may also be needed to help the insulin "re-fuel" the body.** Taking frequent sips of sweetened fluids, glucose gel or hard candy to help raise the blood glucose above 200 mg/dl so that additional insulin can be given without causing hypoglycemia may be recommended.

- If extra insulin is given due to ketones, then monitor the blood glucose at least every 2 hours and offer small amounts of fluid every 10-15 minutes. Fluids should be 'unsweetened" if the child is able to eat (and the blood sugar is not low) and "sweetened" if the child is unable to eat or vomiting.

- The additional insulin dose for ketones, as well as the high blood glucose correction dose, can typically be given as frequently as every 3- 4 hours. Give specific guidelines on how to manage any illness to your families who have children with diabetes.

- Anytime an insulin pump is worn and the symptoms of illness arise, pump function should be suspect. The symptoms of ketosis can be the same as those of a stomach flu, including headache, nausea, body aches and vomiting. Rather than a stomach virus, it could simply be a bent cannula or bad pump site. For insulin pump wearers who become ill, families should be advised to change the pump set up immediately, including the insulin cartridge and infusion set, using a new site.

When to Call for Backup Help:

- If the child wakes up ill, advise the family to call the diabetes care team early in the day to alert them as to what is going on.

- Alert the diabetes care team anytime a parent is unsure of what to do when their child's blood sugar is abnormal and/or the child has ketones.

- Alert the diabetes care team when any signs of diabetic ketoacidosis (DKA) are present, including drowsiness, stomach pain, vomiting, fruity smell on the breath and moderate or large ketones.

Advise the family to go to the Emergency Room if the Child With Diabetes:

- is difficult to arouse or keep awake
- complains of chest pain
- has rapid or deep breathing
- cannot keep fluids down and continues to have moderate to large ketones after receiving extra insulin for ketones and high blood glucose
- seems to be worsening.

Be Prepared!

The best time to develop a sick day management plan is before it's needed. Put the plan together, in writing, and review the plan from time to time at scheduled office visits with your patient and their families.

The CDC recommends that children with diabetes get the yearly flu vaccine to protect against flu, as well as the pneumococcal conjugate vaccine (PCV), which protects against more serious infections.

Diabetes management is a team effort even on the best of days. When illness strikes, having a game plan is "just what the doctor ordered" to help keep our kids with diabetes out of the hospital.

UofL Pediatrics

WARNING: *POTENTIAL FOR LETHAL INSULIN OVERDOSE BASED ON INCORRECT BLOOD GLUCOSE READINGS*

Information taken in part from The FDA Website News and Events, August 14, 2009 and The Joint Commission Online Article Patient Safety March 21, 2012

Diabetes patients who receive drug products or therapies containing certain sugars other than glucose could experience serious injuries if they use blood glucose meters with test-strip technology known as GDH-PQQ (GDH-PQQ stands for glucose dehydrogenase pyrroloquinoline quinine). This type of technology may react with certain non-glucose sugars, including maltose, galactose and xylose, and produce a falsely high blood glucose result.

Some point-of-care glucose meters / test strip combinations use this technology and therefore will not be able to differentiate between glucose and other sugars.

Thus meters using GDH-PQQ technology may produce a falsely elevated blood glucose reading, which can result in the inappropriate administration of insulin with resulting hypoglycemia.

In addition, a diabetes patient's blood glucose reading using a GDH-PQQ meter (who receives drug products or therapies containing certain sugars other than glucose) may also mistakenly be read as "normal" when the actual blood sugar may be severely low / hypoglycemic.

Both types of readings can lead to death or life-threatening events, including loss of consciousness, coma and neurological damage.

These "other sugars" that the GDH-PQQ technology cannot differentiate from glucose can derive from a number of products (e.g., oral xylose, parenterals containing maltose or galactose, icodextrin (Extraneal™) for peritoneal dialysis — a metabolite of which is maltose, some immunoglobulins — Octagam 5%, Gamimune N 5%, WinRho SDF Liquid, Vaccinia Immune Globulin Intravenous(Human), HepaGamB — Orencia (abatacept), Adept adhesion reduction solution (4% icodextrin), BEXXAR radioimmunotherapy agent, and any product containing, or metabolized into maltose, galactose or xylose).

Some glucose meter brands use a test strip that is sensitive to these "other sugars," whereas other brands do not. Also, some brands of meters may be able to distinguish these "other sugars" from glucose, depending on which type of test strip is used.

Baxter, the manufacturer of Extraneal™ (icodextrin), maintains a list of glucose meter/test strip combinations which indicates whether each combination will give correct glucose readings in the presence of "other sugars" in the blood. The list is Country-Specific. The Glucose Monitor List for the United States can be accessed at http://glucosesafety.com/us/pdf/countryspecific_glucose_list.pdf.

The risk of these adverse events in medical facilities can be reduced for diabetes patients who have any of these "other sugars" in their blood by:

(1) Using a glucose meter/test strip combination that do NOT read sugars other than glucose.

(2) Using laboratory testing methods (e.g., a laboratory analyzer), rather than point-of-care glucose meters.

(3) Periodically verifying glucose meter results with laboratory testing methods.

(4) Include warnings in any computer-based order entry system or pharmacy database when products that may result in "other sugars" in the blood are ordered in a hospital or clinic setting.

For more information, see the Public Health Notification on the U.S. Food and Drug Administration (FDA) web-site at: http://www.fda.gov/medicaldevices/safety/alertsandnotices/publichealthnotifications/ucm176992.htm.

The Joint Commission (TJC) Newsletter story: http://www.jointcommission.org/issues/article.aspx?Article=W5GvpHjt5FvZJIULBc5nvCbHCIEYylK6PDkBm%2bEFEjk%3d

FDA Notice: http://www.fda.gov/medicaldevices/safety/alertsandnotices/publichealthnotifications/ucm176992.htm

Monitor List: http://glucosesafety.com/us/pdf/countryspecific_glucose_list.pdf

DIABETES MEDICATION UPDATE:
SETTING PATIENT CENTERED TREATMENT GOALS

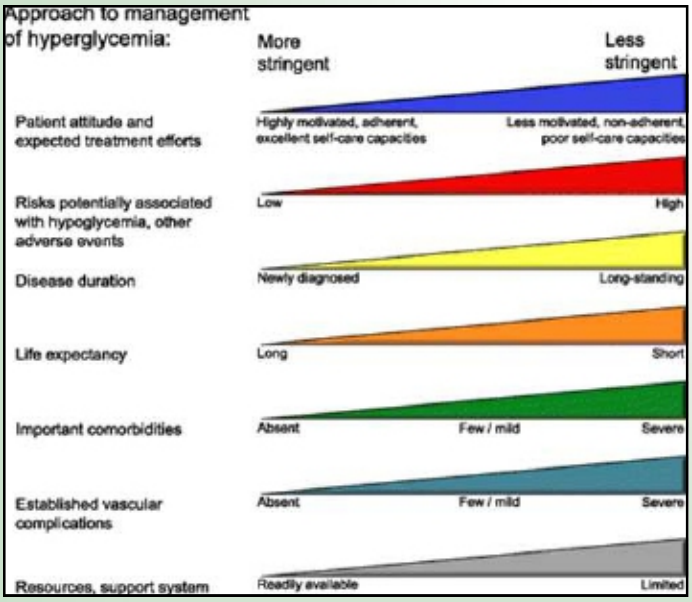
New Clinical Guidance for the Management of Type 2 Diabetes

Brooke Hudspeth PharmD, CDE

Given the complex nature of type 2 diabetes and the expanding selection of pharmacologic agents now available, it is impossible to pinpoint a single best treatment plan for every patient. Because of this, the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) investigated the current research to develop new, more individualized treatment guidelines for patients with diabetes. These recently released recommendations require consideration of the specific needs, preferences and tolerances of each patient and focus on a more patient-centered approach, where individualization of treatment is key to success.

Management of Hyperglycemia: Glycemic Targets

While the A1C goal for most patients remains <7%, the new recommendations make it clear that not every patient benefits from tight glycemic control. This is why constructing individual goals and treatment plans for each patient is so important. The glycemic targets for each patient depend on several patient-specific characteristics described in the pictorial chart below:



Source: Inzucchi S, Bergenstal R, Buse J, et al. Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach. Diabetes Care 2012; 35: 1364-1379. Available online: http://care.diabetesjournals.org/content/35/6/1364.full

More stringent therapy may be appropriate for patients with the following characteristics *(Target A1C 6-6.5%)*:

- Highly motivated
- Adherent
- Excellent self-care capacities
- Low potential risk of hypoglycemia and other adverse effects
- Newly diagnosed
- Long life expectancy
- No important comorbidities
- No established vascular complications
- Have readily available resources & support system

Less stringent therapy should be considered for patients with the following characteristics *(Target 7.5-8%)*:

- Less motivated
- Non-adherent
- Poor self-care capabilities
- High risk for hypoglycemia related adverse effects & other adverse effects
- Long-standing disease duration
- Short life expectancy
- Severe comorbidities
- Severe established vascular complications
- Limited resources &/or support system

Management of Hyperglycemia: Treatment Approach

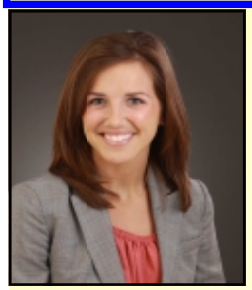
Lifestyle interventions, including physical activity and personalized dietary interventions, remain the mainstay of therapy and should be implemented in every patient at the beginning of detecting hyperglycemia. All patients should receive general diabetes education focusing on these lifestyle changes. Unless metformin is contraindicated, it remains the first-line drug and should be added with lifestyle changes or soon after. After metformin, the recommendations become much less specific and decisions are based on patient and drug characteristics, with the goal of improving glycemic control while minimizing side effects.

Victoria Taylor PharmD Candidate

Future installments of this column will focus on pharmacologic interventions and strategies, including oral medications, non-insulin injectable medications and insulin.

ABOUT THE AUTHORS: Brooke Hudspeth specializes in Diabetes Care with Kroger Pharmacy in Lexington. Victoria Taylor is a 2013 PharmD Candidate from the University of Kentucky. DIABETES MEDICATION UPDATE is edited by Sarah M. Lawrence, PharmD, MA.

YMCA's Diabetes Prevention Program



Erin Brown
RD, LD, MEd

Submitted by Erin Brown, Association Wellness Coordinator, Association Services Office, YMCA of Greater Louisville

With over 1/3 of Kentucky's population being obese, type 2 diabetes is on the rise, and if left untreated can lead to neuropathy, heart disease, and even death. In the United States, 79 million people are estimated to have prediabetes, or a fasting glucose of 100 to 125mg/dl. With the dangers of diabetes looming, there needs to be a plan of action for those in this potentially reversible state of health.

Dietary intake and lack of physical activity continue to be the biggest factors for people at risk for diabetes. Physical activity is one of the best ways to increase insulin sensitivity and delay or prevent onset of type 2 diabetes. Couple that with minor changes in diet and a modest amount of weight loss, and an individual can decrease their chances of developing the disease by more than 50%!

Unfortunately, healthcare providers, burdened with large patient loads, do not have the luxury of giving all patients continuous healthy lifestyle advice.

The Solution

Based on research efforts funded by the National Institutes of Health and the Centers for Disease Control and Prevention, the YMCA's Diabetes Prevention Program is a proven solution in the fight against diabetes, reducing the risk of disease onset by 58%. The reduction is even greater, 71%, among adults aged 60 years or older.

The YMCA's Diabetes Prevention Program is a solution for both the patient and the provider. The provider is looking for someone to guide the patient through lifestyle changes and the patient is looking for guidance on defending themselves against disease.

In a group discussion setting, the YMCA's Diabetes Prevention Program provides a trained lifestyle coach who helps participants learn about healthier eating, physical activity, managing stress, staying motivated, and more. The 12-month program consists of 16 core sessions, followed by monthly maintenance sessions. The support and encouragement a participant receives from both their lifestyle coach and fellow participants is what has fueled this program's success.

How are we doing?

The Greater Louisville YMCA has enrolled over 375 individuals in over 70 sessions and is seeing significant results. With an average weight loss of over 4% body weight among those at the YMCA branches, the program is making an impact. We have spread the program from the YMCA branches to a local health clinic, three worksite wellness locations, and two faith based organizations.

We are working hard to continue this program's success and growth in our community.

For more information about program fees, financial assistance, senior scholarships, or to see if you have a patient who qualifies for the program, contact:

Erin Brown
YMCA OF GREATER LOUISVILLE
545 South 2nd Street Louisville, KY 40202
502-314-1613
ebrown@ymcalouisville.org

Or

Debbi Dean
Central Kentucky YMCA
859-367-7332
ddean@ymcaofcentralky.org

YMCA's in Lexington and Louisville Announce New Scholarship Program for Seniors

Submitted by: Doug Alexander, Public Relations Consultant, Nicholasville, KY

The YMCA of Greater Louisville and the YMCA of Central Kentucky recently launched a scholarship program to encourage senior adults, 65 years and older, diagnosed with prediabetes, to participate in the YMCA's Diabetes Prevention Program.

The first-of-its-kind scholarship program, funded by Novo Nordisk, is available in the Louisville and Lexington YMCA service areas. Participants do not have to join the YMCA to participate.

The goal of the scholarship program is to enroll at least 50 people in each YMCA service area. Any Kentuckian 65 years of age or older who is overweight and diagnosed with prediabetes is eligible for the scholarship program.

The YMCA's Diabetes Prevention Program consists of a 16-week classroom program under the direction of a trained lifestyle coach who helps participants learn about improved eating habits and ways to increase physical activity, among other changes that can lead to a healthier lifestyle.

The goal is for participants to lose seven percent of body weight and increase physical activity to 150 minutes a week.

Research has shown that the incidence of type 2 diabetes among individuals diagnosed with pre-diabetes can be reduced by as much as 58 percent in the general population and 71 percent among senior adults when they participate in lifestyle modification programs like the YMCA's Diabetes Prevention Program.

For information about how you can help the YMCA's promote the Diabetes Prevention Program and the availability of scholarships for seniors, contact:

- Erin Brown, Association Wellness Coordinator, YMCA of Greater Louisville, 502-314-1613 or
- Debbi Dean, Director of Wellness Services, YMCA of Central Kentucky, 859-367-7332.

The Medicare Diabetes Screening Project (MDSP) is a coalition of more than 20 national patient, provider, industry and government organizations, co-chaired by the American Diabetes Association, the Healthcare Leadership Council and Novo Nordisk.

The Time for Action is Now!
Help Turn the Diabetes Epidemic Around

How can YOU as a diabetes professional do more to help turn the diabetes epidemic around?

- **Begin using your expertise as a diabetes professional to target / educate people with prediabetes**
- **Work within your organization (or other community organization) to become or assure that a CDC Diabetes Prevention Recognized Program (DPRP) is offered in your community (you do not have to be part of a YMCA to offer these services)**
- **Work with your local health care providers to ensure they are screening people for prediabetes and that interventions (referral to a CDC DPRP if available) are offered if pre-diabetes is diagnosed**
- **If your community has a CDC DPRP, refer people with prediabetes to them**
- **Work with policy makers and insurance carriers to ensure coverage for prediabetes screenings and intervention services**

For information on the CDC Diabetes Prevention Recognition Program (DPRP):

http://www.cdc.gov/diabetes/prevention/

For information about how to become trained for the CDC DPRP:

http://www.cdc.gov/diabetes/prevention/dttac.htm

Share your activities / successes around pre-diabetes efforts — email Janice.haile@ky.gov

KIDNEY EARLY EVAULATION PROGRAM (KEEP) MOVES TO NORTHERN KENTUCKY

Julie Shapero RD, LD, MEd

Submitted by: Julie Shapero, RD, LD, MEd, Diabetes Educator, Northern Kentucky Health Department, Covington, KY

On the morning of April 24, a line of men and women formed outside the Salvation Army building in Newport, Ky. People from all walks of life, largely uninsured or underinsured, were anxious to take part in Northern Kentucky's first ever free Kidney Early Evaluation Program (KEEP) screening. KEEP is a free service offered by the National Kidney Foundation that serves Kentucky and Ohio. The goal is to prevent kidney disease through early detection and intervention for people known to be at an increased risk.

After a representative from the National Kidney Foundation spoke at a local diabetes support group and mentioned the program, the Northern Kentucky Diabetes Coalition contacted the Foundation about offering the program in Northern KY. KEEP programs have been offered in Cincinnati for a number of years, but never in Northern Kentucky. Kristen Berry, the organization's Community Outreach Manager, eagerly welcomed the Coalition's partnership for such an event.

The goal of a single KEEP event is to screen 30 to 70 at risk individuals. *The Northern Kentucky event screened 68 people!*

Twenty-six million Americans are affected by kidney disease and millions more are at increased risk. The two most common reasons for kidney failure are diabetes and hypertension. Additionally, special populations, such as African-Americans, Asian Americans and Hispanic Americans are at significantly higher risks.

KEEP participants are screened in a variety of ways. Height, weight, waist circumference and blood pressure measurements are taken. Blood and urine specimens are collected and a measurement of kidney function is determined. Lab tests including creatinine, hemoglobin, blood glucose, hemoglobin A1C (for those with a fasting blood glucose over 125), lipid panel and microalbuminuria are completed.

Dr. Amit Goval, MD, above, from the University of Cincinnati Medical Center, volunteered to work at the Northern KY Keep Event

All participants in the Northern KY screening received an on-site consultation with a doctor or nurse practitioner to review their initial test results. Physician referral letters were given out if test results were abnormal. Complete lab results, including the participant's calculated creatinine clearance, serum creatinine and hemoglobin tests, were sent to each participant's home about four weeks after the event. Participants also received a follow-up call from the National Kidney Foundation after the results were mailed out.

Response to this event was extremely positive! Two participants signed up for diabetes self-management classes as a result of the screening. One woman drove more than 200 miles to attend the event after reading about KEEP events in a *Readers Digest* magazine.

KEEP also has a research component and a goal to continue following the same people (as well as new participants) every year. With such a high turnout for the first year, KEEP has plans to increase screening rates next year!

National Kidney Foundation Booth at The Northern KY Event on April 24th

Upcoming KEEP Screenings in Kentucky (area) include:

July 9	**9a-4p**	**Bowling Green**	**First Christian Church**
October		**Maysville**	
November		**Paducah / Murray**	
December		**New Albany / Jeffersonville, IN**	

For information about providing a KEEP screening, contact: Sarah Caston, National Kidney Foundation, 502-585-5433 X 100 sarah.caston@kidney.org

Kentucky Diabetes Coalition Efforts Profiled At Appalachian Conference

Submitted by: Reita Jones RN, BSN, KY Diabetes Prevention and Control Program, KY Department for Public Health, Frankfort, KY

The diabetes division at the Centers for Disease Control and Prevention (CDC) has had a partnership with the Appalachian Regional Commission since 2001 to address the high prevalence of diabetes in the 13 Appalachian states particularly targeting areas designated as "distressed counties" (*Kentucky currently has 41 counties with this "distressed" designation*). In cooperation with CDC, a project directed and managed by Marshall University has made grants periodically available to eligible communities for forming or strengthening community partnerships or coalitions to address diabetes needs. This project has funded 66 diabetes coalition startup grants and 37 strengthening grants in the Appalachian Region over the last 11 years — **with 23 startup grants and 14 strengthening grants awarded to Kentucky communities**. In addition, several Kentucky Appalachian communities have received *Strengthening Communities to Prevent Diabetes in Appalachia's Vulnerable Populations* and *Together on Diabetes* grant funds and technical assistance.

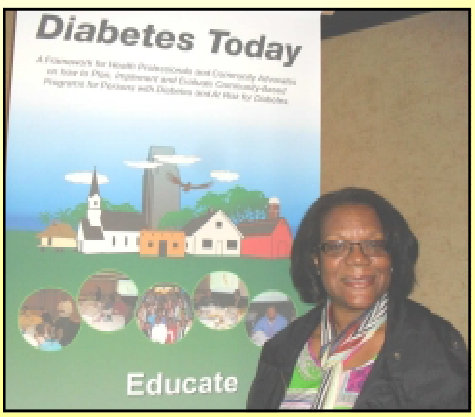
Ann Albright, above, Director of the Division of Diabetes Translation with the Centers for Disease Control and Prevention addresses the audience of the "Diabetes Coalitions Celebrating Success" conference held in Nashville, TN

Recently, these Appalachian focused grantees and other interested individuals were invited to attend a conference in Nashville, Tennessee called ***"Diabetes Coalitions Celebrating Success 2012".*** The conference provided a wonderful forum for participants to share their successes, learn from each other and strengthen skills to mobilize their communities to address diabetes issues. Conference speakers included Dr. Ann Albright, Director of the CDC Division of Diabetes Translation who spoke about Diabetes Prevention: Primary and Secondary. Also in attendance was Patricia Thompson-Reid who represented CDC in the partnership with the Appalachian Regional Commission and is one of the initial authors of CDC's ***Diabetes Today*** *model (The Diabetes Today model* was utilized in mobilizing many of the Appalachian coalitions and is a training program that looks at diabetes from a public health perspective and seeks to create community-based diabetes initiatives).

Kentucky attendees pictured from left to right: Theresa Bunch, Mary Beth Lacy, Carolyn McGinn, Melissa (Hawks) Waldron, Lynn Conner, Pat Margolis, Jamie Lee, Peggy Satterly, Gwenda Johnson, Destiny Greer, Sharon Denham, and Reita Jones

At the conference, Kentucky had representation from five local diabetes coalitions. Four of the KY coalitions were on the conference agenda to profile one or more of their group's projects. Kentucky presenters included: Melissa Hawks of the Healthy Hart Coalition; Gwenda Johnson of the Partnership for a Healthy Elliott County; Destiny Greer of the Russell County Physical Activity and Wellness Coalition; and Carolyn McGinn of the Lawrence County Diabetes / Community Health Advisory Team.

It was exciting and inspiring to hear about the efforts these coalitions are implementing to address diabetes related needs in their communities. Great work folks — we were proud to have you represent our state at the conference!



Patricia Thompson–Reid, shown in the photo at the left, with the Centers for Disease Control and Prevention, is one of the initial authors for the "Diabetes Today" model

DIABETES Research and News

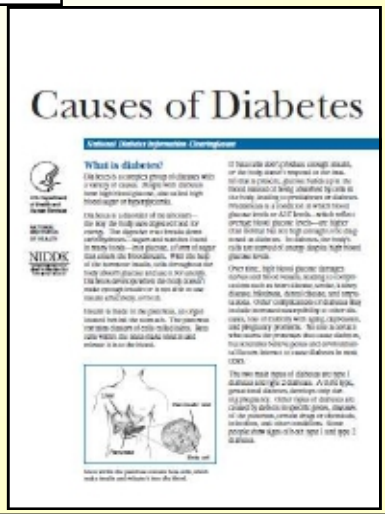
From the National Institute of Diabetes and Digestive and Kidney Diseases

The National Diabetes Information Clearinghouse of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has some new publications! Check them out!

Phone: 1–800–860–8747
Email: ndic@info.niddk.nih.gov
Internet: www.diabetes.niddk.nih.gov

New Publications Available

- A1C Test and Diabetes
- Causes of Diabetes
- Hypoglycemia (Spanish)
- Diabetic Neuropathies: The Nerve Damage of Diabetes (Spanish)
- Sexual and Urologic Problems of Diabetes (Spanish)



MAKING SYSTEMS CHANGES FOR Better Diabetes Care

Making System Changes for Better Diabetes Care is a National Diabetes Education website that provides information, models, links, resources and tools to help the health care professional:

- **Assess needs for system change**
- **Develop strategic plans**
- **Implement tools for action**
- **Evaluate the system change process.**

The site has specific tools and topics for a variety of diabetes professionals including:

This website will help you make a difference in the way diabetes is prevented and treated.

Check it out!
www.betterdiabetescare.nih.gov/

The National Diabetes and Education Program (NDEP) is 15 Years old this June!

Happy Birthday NDEP!

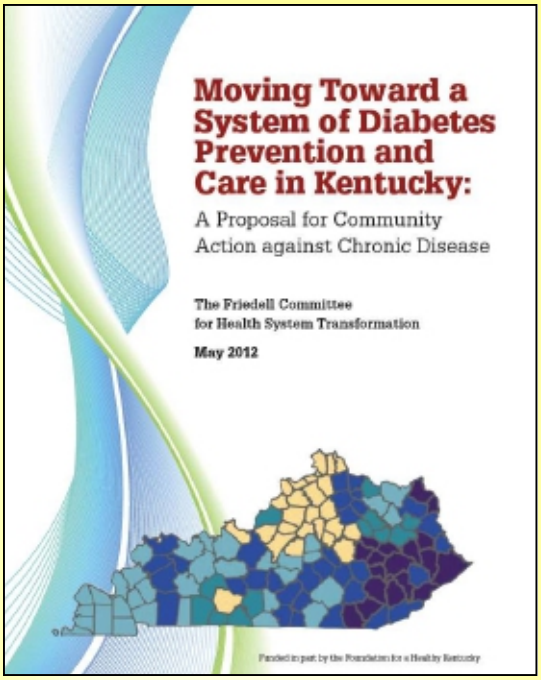
New Online Diabetes Self Management Program To Be Piloted

The National Council on Aging (NCOA) recently announced it will soon be piloting an online Diabetes Self-Management Program, named *Better Choices, Better Health® – Diabetes* (BCBH– Diabetes). The BCBH-Diabetes pilot will allow access to an online self management program at no charge.

NCOA will be promoting BCBH- Diabetes through the www.restartliving.org website which will soon be updated to include diabetes specific information that will center around self-management skills.

For more information about the NCOA *Better Choices, Better Health® – Diabetes* (BCBH–Diabetes) pilot contact: Julie Kosteas, MPH, Director, Healthy Aging Social Enterprise, National Council on Aging, 1901 L Street, NW Washington, DC 20036, (p) 202-479-6607, (f) 202-479-0735, julie.kosteas@ncoa.org

Friedell Diabetes Report *Now Available*



To view the full report visit:

www.friedellcommittee.org
Click on publications - then diabetes report

If you need a copy of the publication mailed to you, go to the "Contact Us" link on the website and request a copy.

Health Expo Held in Somerset

Health Expo with nearly 80 exhibits held in Somerset on May 4th.

Pictured at the "Race for Good Health" booth are left to right: Jamie Lee, Leslie Coffey, LaCosta Carver and Destiny Greer.

An estimated 500 people attended the *6th Annual Health Expo* which was held May 4, 2012 in Somerset, Kentucky. A Derby theme prevailed and participants had their choice of visiting 78 exhibits to learn how to improve their health at such booths as the "Race for Good Health". In addition, special educational break-out sessions included such topics as: Exercising at Home, Diabetes and Foot Care, and Vitamin D – The Sunshine Vitamin.

This annual event is coordinated by the Lake Cumberland District Health Department Diabetes Education Program: Jamie Lee, RN CDE, Coordinator; Destiny Greer, RN CDE; Leslie Coffey, RN CDE; and LaCosta Carver, RN BSN.

NEW RESOURCES FOR KY DIABETES EDUCATORS
HELP PATIENTS WITH DIABETES QUIT TOBACCO USE!

To Help Patients Quit Tobacco

ASK about tobacco use
ADVISE them to quit
REFER them to

QuitNow Kentucky

1-800 Quit Now (1-800-784-7669)
or
www.QuitNowKentucky.org

Quit Now Kentucky
Offers
FREE bilingual telephone or online services that help Kentuckians quit using tobacco.

These services include:
- personalized quit programs from experienced quit coaches
- online live chats and forums
- self-help materials
- information about medications to aid in quitting

Participants who use Quit Now Kentucky are more likely to succeed than those who try to quit on their own.

YOU DO NOT HAVE TO BE A SMOKING CESSATION EXPERT!

Just Refer To The:
NEW
Quit Now Kentucky Phone Line

Which Offers:
Experienced Coaches
Live Chats and Forums
Medication Information
And More!

***HELP* your patients with diabetes stop smoking and using tobacco.**

Quit Now Kentucky Fact Sheet
available to download and distribute.

To download materials go to:

http://chfs.ky.gov/ktpc

QuitNow Kentucky

Cessation Services

Fact Sheet

The single most important thing that you can do for your health and the health of others is to quit using tobacco.

Quit Now Kentucky is a FREE telephone or online service that helps Kentuckians quit smoking and using tobacco products. Many people who use tobacco want to quit. By using Quit Now Kentucky, you are one-step closer to becoming tobacco free.

Kentuckians who want to stop using tobacco within the next 30 days or are concerned about a family member or friend's tobacco use can call 1-800-QUIT-NOW (1-800-784-8669) from 8 am to 1 am EST (7 am to 12 midnight CST) Monday through Sunday. If contemplating quitting log on to www.QuitNowKentucky.org for resources to help you get ready to quit. All cessation services are bilingual.

When you call Quit Now Kentucky you'll receive FREE:

- Support and advice from an experienced quit coach
- A personalized quit program with self-help materials
- The latest information about the medications that can help you quit

When you log on to www.QuitNowKentucky.org you'll receive FREE:

- The opportunity to chat with others who are also quitting
- Thinking About Quitting information
- Tobacco and Your Health information
- Nicotine & Addiction
- Secondhand Smoke
- Success Stories
- A Smoking Calculator
- MyQuitPath if you choose to quit

DOES IT WORK? YES.

Participants who use Quit Now Kentucky are more likely to succeed than those who try to quit on their own.

THREE GOOD REASONS TO CALL IT QUITS:

- Your Family – Live a healthier, longer life and watch your family grow.
- Your Health – Tobacco use causes cancer, heart disease, chronic bronchitis, emphysema and asthma attacks—to name just a few health risks of tobacco use.
- The Cost – The average smoker spends $500 to $3,000 a year on cigarettes a year. Tobacco use is costly.

Take control of your tobacco dependence and Quit Now Kentucky.

Congratulations
Vasti Broadstone, MD

Vasti Broadstone, MD
Endocrinologist

Dr. Broadstone was awarded the "Seven Counties Services Healthcare Advocacy Award" at the sixth annual MediStar Awards. The MediStar Awards recognize excellence in business of healthcare, honoring eight healthcare professionals from Kentucky and Indiana for their achievements in advocacy, innovation, education, leadership, design, humanity, and meeting consumer needs.

For more information about the awards:
www.medistarawards.com/2012-medistar-winners.html

Fayette County Diabetes Coalition Walks for Diabetes!

Pictured above are members of the Fayette County Health Department Health Promotion Team and Fayette County Diabetes Coalition, from left to right, Nancy Hiner, Janey Wendschlag, Melissa Smith, and Sarah McMahan

The Fayette County Diabetes Coalition (FCDC) participated in the American Diabetes Association's 2012 Step Out: Walk to Stop Diabetes. More than 1,200 walkers from the Lexington area showed up at Keeneland to participate in the walk on June 2 raising over $175,000 (with an anticipated goal of reaching $255,000 once all pledges are collected). Coalition members were on-hand to distribute information about diabetes and area programs and classes.

It is not too late to help support the event. Donations can be mailed to the American Diabetes Association, PO Box 21903, Lexington, KY 40522

Photos from the Madison County "Pack the Track for Diabetes" Event

PACK THE TRACK FOR DIABETES Event Held in Madison County!

Two *Pack the Track For Diabetes* events, sponsored by the Madison County Diabetes Coalition (MCDC) and partners, held April 5th at Model Laboratory School and April 20th at Waco Elementary School, were a great success! To help reduce the risk of obesity and diabetes, students at each school participated in fun interactive lessons regarding healthier eating culminating into the physical activity events held at each school.

MCDC sponsor partners included the EKU "Healthy You" program, EKU Faculty and Staff, EKU BSN students, Pattie A. Clay Hospital, St. Joseph Berea, Alpha Gamma Delta volunteers, Model and Waco school staff and the Madison County Diabetes Center of Excellence (DCOE) staff.

Students at Model raised over $2,700 while Waco students raised over $5,000! Proceeds will be utilized to benefit the *MCDC Patient Assistance Program* with $1000 going toward the Waco Walking Trail.

AADE12 WEBINARS

- Register online https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html or by phone 800-338-3633 X 100
- Webinars offer CE
- Webinars 1-2 pm EST
- Individual Cost $50 member ($65 non member)
- Group Cost $125 member ($165 non member)

7-11-12 Type 2 Diabetes in Children
8-15-12 Diabetes Management after Gastric Bypass
9-5-12 Patient Centered Medical Home: Shared Medical Appointments and Models of Healthcare
9-19-12 Diabetes and the Mouth: Can It Predict Your Future
10-3-12 Diabetes and Neuropathy
10-17-12 Diabetes and Skin Care
11-7-12 New 2012 Guidelines for DSMT
11-28-12 Patient Data, Security and Privacy: Living in a High Tech World
12-5-12 Continuous Glucose Monitoring
12-12-12 Perioperative Patient

Save the Date

Latest Advances in Diabetes Management

When: Friday, October 12, 2012
Time: 8:00 a.m. — 5:00 p.m.
Where: Corbin Technology & Community Activities Center, Corbin, KY 40741

CEU's provided: Physicians / PA Nursing Home Administrator, Nursing/KBN, Pharmacy, Dietitian, CMA, Dentistry, Respiratory, Social Work

For information contact: Elaine Hacker 606-598-5564 ext. 115, carolyne.hacker@ky.gov

EDUCATIONAL OFFERINGS

MARK YOUR CALENDAR
KADE'S FALL PROGRAM
MUST ATTEND IN PERSON TO VIEW

FREE FOR KY AADE MEMBERS!

WEDNESDAY , OCTOBER 3, 2012
3 hour CE offering
12 pm – 4:15pm

"KADE LNG: A Fall CE Webinar"
This offering will provide 2 webinars on diabetes & neuropathy & review of insulin technique for a total of 3 CE's for CDE recertification! Onsite attendance is required. AADE Kentucky member free; Non members fee is $45
The Women's Center Conference Room at St. Joseph East,
170 N. Eagle Creek Dr • Lexington, KY 40509

For more information, go to http://kadenet.org/ or contact:
Dee Deakins dee.deakins@uky.edu or
Diane Ballard dianeballard@windstream.net

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to http://kadenet.org/ or contact: Dee Deakins dee.deakins@uky.edu or Diane Ballard dianeballard@windstream.net

"KADE LNG: A Fall CE Webinar"

October 3, 2012 - 12-4:15 pm EST

This offering will provide 2 webinars on diabetes & neuropathy & a review of insulin technique for 3 CE's.
Must attend in person to view.
AADE KY Member Free; Non members fee is $45
Location: The Women's Hospital at St. Joseph East
170 N. Eagle Creek Dr, Lexington, KY 40509

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at **www.kentuckydiabetes.net** or by calling 502-564-7996 (ask for diabetes program).

2012 Meeting Dates (10 am – 3pm EST)

September 14, 2012 ***Shelby Campus, Louisville, KY***
December 7, 2012 ***History Center, Frankfort, KY***

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Pam Doyle at **pdoyle5@its.jnj.com** or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour —*Fee for attendees who are not members of National AADE*

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 **Vpaddy@hmh.net** .

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/ Southeastern IL **meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education**. To register, call 270-686-7747 ext. 3019 or email Nancy Walker at **nancy.walker@grdhd.org**.

Regular Programs

Date: **Thursday, July 19, 2012**
Location: **Madisonville Trover Clinic**
Madisonville, KY

Date: **Thursday, October 18, 2012**
Location: **Deaconess Gateway Hospital**
Newburgh, IN

Go to: http://www.diabeteseducator.org/annualmeeting/2012/index.html

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email **joslin@FMHHS.com**

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For more information, please contact:

the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOU CAN TAKE CONTROL
YMCA Diabetes Prevention Program

Louisville, Kentucky:
Diabetes Prevention Program Coordinator
Erin Brown 502-314-1613
ebrown@ymcalouisville.org

Central Kentucky:
Diabetes Prevention Program Coordinator
Debbi Dean 859-367-7332
Ddean@ymcaofcentralky.org

Contact Information

American Diabetes Association.
Cure • Care • Commitment®
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass / Eastern Chapter
A Chapter of AADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.kadenet.org

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
GLADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
Kentucky UNBRIDLED SPIRIT
http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.
www.jdrf.org/chapters/
KY/Kentuckiana
1-866-485-9397

DEC CINCINNATI
Diabetes Educators Cincinnati Area
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

AACE American Association of Clinical Endocrinologists
Ohio River Regional Chapter
www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.